



**BUGANDO MEDICAL CENTRE**  
**SCHOOL OF ANESTHESIA**  
**APPLICATION FOR ONE YEAR CERTIFICATE COURSE IN NURSE ANESTHESIA-**  
**ACADEMIC YEAR FEBRUARY 2021 / JANUARY 2022.**

You are welcome to apply to study Anesthesia at Bugando school of Anesthesia . Please fill in the spaces provided and submit your application to Bugando school of Anesthesia using either of the options below. The application is open from 1<sup>ST</sup> of December 2020 and the deadline for application is January 31<sup>st</sup> 2021.

**PART ONE: DETAILS OF APPLICATION**

**APPLICATION PROCESS:**

Can be done through any of the following:

- Application form delivered personally
- Delivered by post mail: address

PRINCIPAL,  
BUGANDO SCHOOL OF ANESTHESIA  
P.O BOX 1370,  
MWANZA.

- By email: [bugandoschoolofanesthesia@gmail.com](mailto:bugandoschoolofanesthesia@gmail.com)

When applying please indicate your correct email address and phone number.

**REQUIREMENTS:**

- (a) Applicant must be a nurse or clinical officer. We do not receive fresh from secondary school or professions other than the two mentioned.
- (b) Must attach all verified copies of secondary education and professional training-nursing or clinical medicine.
- (c) A Medical Certificate stating that you are fit to undertake this course.
- (d) Two (2) recent passport-size photos of yourself.
- (e) Photocopies of your relevant certificates including Internship certificate and registration certificate with Medical Council of Tanganyika.
- (f) A recommendation letter from your employer is an added qualification

**APPLICATION FEE:**

After abiding to above regulations, attach original copy of non refundable application fee of Tsh. 20,000/= paid through the following bank account:

**BMC VYUO COST SHARING**

**A/C NUMBER 01J1054747600 CRDB BUGANDO BRANCH.**

Applicants who do not pay application fee will not be considered for selection!

**PART TWO: OTHER DETAILS:**

**1. FEES, RESIDENCE AND OTHER EXPENSES**

**FEE STRUCTURE ONE YEAR TRAINING IN ANESTHESIA 2019-2020.**

<b>S#</b>	<b>PAYMENT/ITEM</b>	<b>PAYABLE TO</b>	<b>AMOUNT</b>
1	CASE LOG BOOK	TO THE COLLEGE	20,000/=
2	TUITION FEE	TO THE COLLEGE	850,000/=
3	CAUTION MONEY	TO THE COLLEGE	20,000/=
4	EXAMINATION FEE	TO THE COLLEGE	100,000/=
5	FIELD SUPERVISION	TO THE COLLEGE	50,000/=
6	CERTIFICATE	TO THE COLLEGE	15,000/=
7	STUDENT UNION & SPORTS	TO THE COLLEGE	10,000/=
8	FIELD & CASE REPORT	STUDENT	100,000/=
9	STIPEND	STUDENT	3,600,000/=
10	ACCOMMODATION	STUDENT	480,000/=
11	BOOKS ALLOWANCE	STUDENT	200,000/=
12	FIELD ALLOWANCE	STUDENT	300,000/=
13	MEDICAL INSURANCE	STUDENT	50,400/=
TOTAL			5,645,400/=
TOTAL AMOUNT PAYED DIRECTLY TO THE STUDENT			<b>4,730,400/=</b>
TOTAL AMOUNT PAYED DIRECTLY TO THE COLLEGE			<b>1,065,000/=</b>
TOTAL COST OF FOR ONE STUDENT PER YEAR			<b>5,795,400/=</b>

Money directly payable to the college should be paid through:

**BMC VYUO COST SHARING  
A/C NUMBER 01J1054747600 CRDB BUGANDO BRANCH.**

**2. PERSONAL DETAILS:**

Your name: [FIRST NAME] \_\_\_\_\_ [MIDDLE NAME] \_\_\_\_\_ [SURNAME] \_\_\_\_\_

Male/Female [M/F] ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ Mobile phone: \_\_\_\_\_

Email: \_\_\_\_\_

Work station: \_\_\_\_\_ (hospital)

Date of birth:[DD/MM/YY] \_\_\_\_/\_\_\_\_/\_\_\_\_ Place of birth \_\_\_\_\_ Nationality \_\_\_\_\_ Passport #: \_\_\_\_\_

**For Emergencies:**

NAME: \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

**3. ACADEMIC DATA**

ALL SEC.SCHOOOLS ATTENDED	LOCATION	DATE: FROM (MO/YR)	TO (MONTH AND YEAR)	CERTIF.INDEX NO
ALL COLLEGES/SCHOOLS	LOCATION	DATES: FROM	TO	DIPL/CERT.EARNED

Total number of years of schooling: \_\_\_\_\_ years and \_\_\_\_\_ months [From secondary school].

**4. LANGUAGE FLUENCY [Please put a tick for each language]**

LANGUAGE	SPOKEN			WRITTEN		
	FAIR	GOOD	VERY GOOD	FAIR	GOOD	VERY GOOD

**5. Names and addresses (email and phone numbers)** of two referees who know your ability as a student and can assess your competence in written and spoken English.

a) \_\_\_\_\_ Email: \_\_\_\_\_ Phone: \_\_\_\_\_

b) \_\_\_\_\_ Email: \_\_\_\_\_ Phone: \_\_\_\_\_

**6. SIGNATURE AND DATE**

I certify that to the best of my knowledge the information I have given above is correct.

(Date) ..... (Signed) .....

**7. SPONSORSHIP.**

The Sponsor should indicate here that the candidate will receive financial support for the years he or she will spend at Bugando University College.

NAME OF SPONSOR \_\_\_\_\_

P.O. BOX CITY OR TOWN \_\_\_\_\_ TEL/MOB: \_\_\_\_\_

BUSINESS OR ACTIVITY \_\_\_\_\_ FAX/E-MAIL \_\_\_\_\_

I myself,

I confirm that my organization will give full financial support to \_\_\_\_\_ during the period of his/her education at Bugando school of Anesthesia, if he/she is accepted.

(date) \_\_\_\_\_ (Signed) \_\_\_\_\_

Official stamp or seal

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FOR OFFICIAL USE ONLY

**PLEASE ENCLOSE PHOTOCOPIES OF ALL TRANSCRIPTS**

**YOU ARE MOST WELCOME.**



**By: HEAD BUGANDO SCHOOL OF ANESTHESIA**

**MEDICAL CERTIFICATE**

SURNAME..... OTHER NAMES..... AGE.....SEX .....

MARITAL STATUS .....CITIZENSHIP.....

**PERSONAL HISTORY**

Is the examinee suffering from any of the following? Indicate Yes or No.

- Dysentery \_\_\_\_\_ Kidney or urinary disease \_\_\_\_\_
- Epilepsy \_\_\_\_\_ Psychosis \_\_\_\_\_
- Pneumonia \_\_\_\_\_ Sickle cell disease \_\_\_\_\_
- Allergic disorder \_\_\_\_\_ (mention allergen) \_\_\_\_\_
- Gastric or duodenal Ulcer \_\_\_\_\_ Jaundice \_\_\_\_\_
- Varicose Veins \_\_\_\_\_ Diabetes \_\_\_\_\_
- Deformity \_\_\_\_\_ Eye disorder \_\_\_\_\_
- Skin disease \_\_\_\_\_ Gynecological disorder \_\_\_\_\_
- Major trauma \_\_\_\_\_ Tuberculosis \_\_\_\_\_
- Pleurisy \_\_\_\_\_ Rheumatic Fever \_\_\_\_\_
- Heart Disease \_\_\_\_\_ Recurrent indigestion \_\_\_\_\_
- Ear , Nose or Throat disorder \_\_\_\_\_ Chronic Anemia \_\_\_\_\_
- Malaria \_\_\_\_\_ Major or minor operations \_\_\_\_\_
- Any other serious disorder \_\_\_\_\_ History of TB contact \_\_\_\_\_

**PHYSICAL EXAMINATION**

Height: \_\_\_\_\_ cm Weight: \_\_\_\_\_ kg. HEENT: \_\_\_\_\_

Ears(Any discharge): \_\_\_\_\_ Nose: \_\_\_\_\_

Cardiovascular: BP \_\_\_\_\_ mmHg HR \_\_\_\_\_ Regular Any murmurs: \_\_\_\_\_

Respiratory: Wheezing: \_\_\_\_\_ Breath sounds: \_\_\_\_\_ RR \_\_\_\_\_

Abdomen: \_\_\_\_\_ Hernia: \_\_\_\_\_ Masses \_\_\_\_\_ Liver \_\_\_\_\_ Kidn  
eys \_\_\_\_\_ Spleen \_\_\_\_\_

## LABORATORY RESULTS

Urinalysis: Sugar \_\_\_\_\_ Bilharzia \_\_\_\_\_ Albumin \_\_\_\_\_

Stool: Worms \_\_\_\_\_

Blood: FBP-Hb \_\_\_\_\_ g/dL

Neutrophils \_\_\_\_\_ Eusinophils \_\_\_\_\_ Bisophils \_\_\_\_\_ Lymphocytes \_\_\_\_\_

Monocytes \_\_\_\_\_ ESR \_\_\_\_\_ Platelets \_\_\_\_\_

Chest Xray:(If Indicates) \_\_\_\_\_ ECG \_\_\_\_\_

ECHO \_\_\_\_\_

## CONCLUSION

I have examined Mr/Mrs/Miss/Sr/Br/Fr/Dr \_\_\_\_\_ and considered that she/he is /  
not physically and mentally fit to be admitted for further studies.

Name

Signature

Date

Title

Qualifications

Address/Institution

Official stamp [of hospital]